

PTO/SB/30 (10-01)

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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/072,616
Filing Date	February 7, 2002
First Named Inventor	Hismobu ISHIYAMA
Art Unit	2673
Examiner Name	Jimmy H. Nguyen
Attorney Docket Number	81751.0028

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114**

- a. ☒ Previously submitted  
 i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on November 8, 2004  
 (Any unentered amendment(s) referred to above will be entered).  
 ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_  
 iii. ☐ Other \_\_\_\_\_  
 b. ☐ Enclosed  
 i. ☐ Amendment/Reply  
 ii. ☐ Affidavit(s)/Declaration(s)  
 iii. ☐ Information Disclosure Statement (IDS)  
 iv. ☐ Other \_\_\_\_\_

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  
 b. ☐ Other \_\_\_\_\_

3. **Fees**

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-1314.  
 i. ☒ RCE fee required under 37 CFR 1.17(e) \$790  
 ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) \$110  
 iii. ☐ Other \_\_\_\_\_ enclosed  
 b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed  
 c. ☐ Payment by credit card (Form PTO-2038 enclosed)  
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print Type)	Darius G. Adli	Registration No. (Attorney Agent)	51,386
Signature	<i>Darius G. Adli</i>	Date	December 6, 2004

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print Type)	Rhonda Hurt	Date	December 6, 2004
Signature	<i>Rhonda Hurt</i>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop \_\_\_\_\_  
 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/24/2005 KHARLING 00000004 501314 10072616

PAGE 33 RCVD AT 12/25/2004 7:38:32 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-10 \* DNS:8729306 \* CSID:412133376701 \* DURATION (mm:ss):01:24

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Attorney Docket No. 81751.0028  
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Hisanobu ISHIYAMA  
Serial No.: 10/072,616  
Confirmation No.: 3217  
Filed: February 7, 2002  
For: **DISPLAY DRIVER, DISPLAY UNIT,  
AND ELECTRONIC INSTRUMENT**

Art Unit: 2673  
Examiner: Jimmy H. Nguyen

I hereby certify that this correspondence  
is being transmitted via facsimile to  
(703) 872-9306:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on  
December 6, 2004  
Date of Deposit  
Rhonda Hurt  
Name  
Rhonda Hurt 12/06/04  
Signature Date

PETITION FOR EXTENSION OF TIME

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 C.F.R. 1.136, Applicant respectfully petitions the Commissioner for a one-month extension of time extending to December 6, 2004, the period for response to the Office Action dated August 6, 2004. Please charge the fee of \$110 for this extension to Deposit Account No. 50-1314. The responsive paper(s) are attached.

Please charge any insufficiency or credit any overpayment to Deposit Account No. 50-1314. A copy of this petition is enclosed.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: 

Dariush G. Adli  
Registration No. 51,386  
Attorney for Applicant(s)

Date: December 6, 2004

500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Phone: 213-337-6700

01/24/2005 KHARL 16:20:03 337-6701 10072616

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

101072616

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21	minus 20 = *
INDEPENDENT CLAIMS	2	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

5-20-04 (Column 1) A (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	** 21 = 0
Independent	2	Minus	*** 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=	No	OR	X\$18=	No
X42=	Fee	OR	X84=	Fee
+140=	Due	OR	+280=	Due
TOTAL	-0	OR	TOTAL	-0
ADDIT. FEE		OR	ADDIT. FEE	

RCE 12/6/04 (Column 1) B (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	14	Minus	** 21 = 0
Independent	2	Minus	*** 3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=	No	OR	X\$18=	No
X42=	Fee	OR	X84=	Fee
+140=	Due	OR	+280=	Due
TOTAL	-0	OR	TOTAL	-0
ADDIT. FEE		OR	ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.